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Physician and Durable Medical Equipment

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PRE-CERTIFICATION PROCESS FOR DURABLE MEDICAL EQUIPMENT

The Missouri Division of Medical Services is implementing a new pre-certification (Smart PA™) process for durable medical equipment (DME) services. This process will serve as a utilization management tool, allowing payment for services that are medically necessary, appropriate and cost-effective without compromising the quality of care to Missouri Medicaid recipients. Pre-certification of specific items and services will be implemented incrementally by individual HCPCS code or groups of codes.

Pre-certification requests for DME will be a two-step process. Requests for pre-certification will be initiated by enrolled Medicaid providers who write prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians or nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the Division of Medical Services.

Providers are encouraged to sign up for the new Medicaid Web tool – CyberAccessSM- which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to MoMedCyberaccess@heritage-info.com. The CyberAccessSM tool allows each pre-certification to automatically reference the individual recipient's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the Medicaid call center at 800-392-8030, option 2.

Requests for pre-certification will be required to meet medical criteria established by the Division of Medical Services in order to be approved. Medical criteria will be published in provider bulletins and posted on the Missouri Medicaid Web site located at

<u>www.dss.mo.gov/dms</u> prior to implementation. Reference the information below for the first items subject to pre-certification requirements.

If a precertification request submitted through CyberAccessSM is denied, providers may click on the box to have a Medicaid call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify recipient eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging on to the DMS Web site at www.emomed.com.

Please continue to monitor the Division of Medical Services Web site at www.dss.mo.gov/dms for updates on this process.

PRECERTIFICATION OF SMALL VOLUME NEBULIZERS

Effective for dates of service July 10, 2007, purchase and rental of small volume nebulizers (procedure code E0570NU and E0570RR) will require pre-certification as described above. Repair of small volume nebulizers (E0570RP) will continue to require a certificate of medical necessity.

Requests must meet medical criteria established by the Division of Medical Services in order to be approved. This medical criteria can be referenced in the <u>attached Clinical Edit Criteria</u>. This document will also be posted on the Missouri Medicaid Web site located at <u>www.dss.missouri.gov/dms</u> for future reference.

Provider Bulletins are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline 573-751-2896